**Haringey Asthma Friendly Schools Programme (AFSP)**

**Annual Audit Proforma**

1. **About the School:**
   1. Name of School:
   2. Is this...

Infants Juniors Primary Secondary

Other (please state)

* 1. Name of Head teacher:
  2. Name of Asthma Lead (and School Role):
  3. Name of Asthma Champion (and School Role):

1. **Policies & Asthma Register**
   1. Does your School have an Asthma Policy? Yes No

If **yes**, when is this policy due for review?

* 1. To your knowledge, is your School accredited as Asthma Friendly? Yes No

If **yes**, when did you last receive an Asthma Friendly School Accreditation certificate?

* 1. Number of children on school roll:
  2. Number of children with asthma:
  3. Up-to-Date Asthma Register maintained: Yes No

If **yes**, does each child have a signed consent form for the use of emergency inhaler medication? Yes No

If yes, does each child have their own inhaler and spacer available at school? Yes No

* 1. Number of children with a personalized asthma action plan (from GP/Hospital):

If personalized asthma action plans are absent, School Nurse informed and GPs contacted: Yes No

* 1. Emergency ‘Asthma Attack’ or ‘School-wide asthma plan’ poster displayed in School? Yes No

1. **Emergency Kits, Inhalers & Spacers:**
   1. How many emergency asthma kits are available in the school:
   2. Is there a completed emergency asthma kit checklist for each kit? Yes No
   3. Where are the emergency asthma kits kept?

Medical Room Classroom by an individual Other (please state)

* 1. Are individual pupil’s spare inhalers and spacers clearly labelled and stored? Yes No
  2. Is there evidence that the inhaler expiry dates are checked during term time? Yes No
  3. Is there evidence that inhaler use is recorded and parents are informed? Yes No

1. **Training:** 
   1. Asthma Friendly Schools training attended by Asthma Lead: Yes No

If **yes**, date attended?

* 1. Asthma Friendly Schools training attended by Asthma Champion: Yes No

If **yes**, date attended?

* 1. **A)** Whole school training delivered by Asthma Lead and Champion? Yes No

If **yes**, date of training: If **yes**, did 85% of staff attend? Yes No

**Or**

**B)** Staff have completed online e-learning, Tier 1: Supporting Children and Young People’s Health: Improving Asthma Care Together’ Yes No

If **yes**, have e-learning certificates been seen and saved? Yes No

If **yes**, have 85% of staff completed the e-learning? Yes No

**Or**

**C)** Whole school training delivered by Haringey School Nurses? Yes No

If **yes**, date of training: If **yes**, did 85% of staff attend? Yes No

1. **Key Issues/Barriers/Recommendations.** Please use this textbox to provide further feedback/comments.

This audit should be completed collaboratively by the Asthma Champion, Asthma Lead and School Nurse.

Signed by: Asthma Lead \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asthma Champion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit completed audits to the Healthy Schools Lead (**[**healthy.schools@haringey.gov.uk**](mailto:healthy.schools@haringey.gov.uk)**)**